

RHODE ISLAND REPORTABLE DISEASES SUMMARY SHEET FOR CLINICAL PROVIDERS

**Rhode Island Department of Health
Offices of Communicable Diseases &
AIDS/HIV
3 Capitol Hill – Room 106
Providence, Rhode Island 02908-5097**



To report cases or to request forms¹:
Fax: (401) 222-2477; (401) 222-2488
Phone: (401) 222-2577
After Hours: (401) 272-5952

<http://www.health.ri.gov/disease/communicable/providers.php>



Diseases in **BOLD RED** must be reported **IMMEDIATELY (222-2577 or 272-5952)** on the day of recognition or strong suspicion of disease. Laboratory confirmation is not necessary prior to report being filed. State Laboratory can assist with specimen collection and handling (401-222-5600).

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| • Animal bites | • Hepatitis A² | • Syphilis: primary, secondary, early latent |
| • Cholera | • Measles | • Typhoid fever |
| • Ciguatera, Paralytic shellfish or Scombroid poisoning | • Meningococcal Disease³ | • Unexplained deaths possibly due to unidentified infectious causes |
| • Clusters or Outbreaks | • Mumps | • Vancomycin Resistant/Intermediate Staphylococcus aureus (VRSA/VISA) |
| • Diphtheria | • Pertussis | • Vibrio vulnificus or V. parahaemolyticus Infection |
| • Encephalitis (primary including arboviral or parainfectious) | • Poliomyelitis | • Yellow fever |
| • Hantavirus Pulmonary Syndrome | • Rabies (human) | |
| | • Rubella (incl. congenital) | |
| | • SARS | |

Report within 4 days of recognition of disease. Use form on reverse except for HIV/AIDS, TB and STDs

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| o Acquired Immunodeficiency Syndrome (AIDS) | o Group A Streptococcal Disease ³ | o HIV-1 or HIV-2 infection ⁴ | o Salmonellosis |
| o Amebiasis | o Group B Streptococcal Disease ³ | o Legionellosis | o Shigellosis |
| o Babesiosis | o Granuloma inguinale | o Leptospirosis | o Streptococcal Toxic Shock |
| o Campylobacteriosis | o H. influenzae disease ³ | o Listeriosis ³ | o Syphilis: late latent, congenital |
| o Chancroid | o Hansen's disease (leprosy) | o Lyme Disease | o Tetanus |
| o Chlamydia infections-genital & ophthalmic | o Hemolytic Uremic Syndrome | o Lymphogranuloma venereum | o Toxic Shock Syndrome (TSS) |
| o Coccidioidomycosis | o Hepatitis B, C, D, E and unspecified viral hepatitis-- acute infections ² | o Malaria | o Transmissible spongiform encephalopathies (including Creutzfeldt Jakob Disease) |
| o Cryptosporidiosis | o Hepatitis B surface antigen (HBsAg) positive pregnant women | o Meningitis (aseptic, bacterial, fungal or viral) | o Trichinosis |
| o Cyclosporiasis | o Histoplasmosis | o Ornithosis (psittacosis) | o Tuberculosis disease (all sites) PPD + in children < 6 years |
| o Dengue Fever | | o Pelvic Inflammatory Disease | o Vancomycin resistant enterococcus (VRE) infection |
| o Ehrlichiosis | | o Pneumococcal disease ³ | o Varicella associated deaths |
| o Enterohemorrhagic E. coli including E. coli O157:H7 | | o Rocky Mountain Spotted Fever | o Yersiniosis |
| o Giardiasis | | | |
| o Gonorrhea | | | |



POTENTIAL AGENTS OF BIOTERRORISM



Report to RI Dept of Health Office of Communicable Diseases **IMMEDIATELY (222-2577 or 272-5952)** when there is suspicion of infection with one of these agents. For lab testing support call 401-222-5600

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| • Anthrax | • Clostridium perfringens epsilon toxin poisoning | • Glanders | • Ricin poisoning | • Staphylococcal enterotoxin B poisoning | • Tularemia |
| • Botulism | | • Plague | • Smallpox | | • Viral Hemorrhagic Fevers |
| • Brucellosis | | • Q-Fever | | | |

According to the Rhode Island Rules and Regulations pertaining to the Reporting of Communicable, Environmental and Occupational Diseases (R23-10-DIS), for all agents listed, reports of positive results shall include the name of the patient (except for in the case of HIV test results), address of the patient's residence, gender, race and ethnicity, date of birth, age, telephone number. Also report attending physician's name with address or phone number.

¹ Use special forms to report HIV/AIDS, STD, and TB. Call (401) 222-2577 to request appropriate form.

² Report AST, ALT, and bilirubin also.

³ Invasive Disease only: confirmed by isolation from blood, CSF, pericardial fluid, pleural fluid, peritoneal fluid, joint fluid, or other normally sterile site.

⁴ Use unique identifier, not name of person